

Harrisburg Human Relations Commission
Use only

Docket No. _____
EEOC No. _____
Social Security No. _____

HRC can investigate complaints of discrimination based upon race, color, religion, ancestry, age (40-70), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, a general education development certificate, sexual preference/orientation, familial status, place of birth, marital status.

IN-11 FORM

UNEQUAL PAY QUESTIONNAIRE
Questionnaire on the incident you are complaining about.

Rev.-10-01

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Telephone No. H () _____ W () _____

May we call you at work? Yes _____ No _____

Caution: Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring pay stubs, W-2 forms, contracts, etc. to aid in verification of the name and address.

Name of Organization your complaint is against:

Name _____

Address _____

City _____ State _____ Zip Code _____

Type of Business _____

Number of employees who work at the organization named above. Please check one.

Less than 4 _____ 15 to 100 _____ 201 to 500 _____ Unknown _____

4 to 14 _____ 101 to 200 _____ 501 plus _____

Name and address of person who will know how to contact you and who does not reside in your home.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. H () _____ W () _____

In this Questionnaire, you will see the word "class" mentioned. **Class means the person's race, sex, age, ancestry, religion and so on.** Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex, male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a **different class** that makes you feel they received more favorable treatment than you.

2. If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe the employer treated you this way for a reason which is not listed, explain what you believe to be the reason.

<input type="checkbox"/> Sex	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Age (40-70)	<input type="checkbox"/> Date of Birth
<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Use of guide dog or support animal	
<input type="checkbox"/> Color	<input type="checkbox"/> GED	<input type="checkbox"/> Sexual preference/Orientation	
<input type="checkbox"/> Religious Creed	<input type="checkbox"/> Retaliation		
<input type="checkbox"/> Place of Birth	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Non-job related handicap/disability	
<input type="checkbox"/> Familial Status		identify your disability _____	

3. What is your job Title/Dept. _____

Rate of Pay _____ Date of Hire _____

4. List your relevant, previous experience and education.

5. List all of the duties and responsibilities of your job that you can recall, and submit the company's written job description, if you have it.

6. List every other person who is doing the same job that you are doing, even if his/her job title is different and receives less pay than you do. **(Use the Continuation Page if needed).**

Name _____

Job Title/Dept. _____ **CLASS** _____

Date of Hire _____ Pay _____

Name _____

Job Title/Dept. _____ **CLASS** _____

Date of Hire _____ Pay _____

Name _____

Job Title/Dept. _____ **CLASS** _____

Date of Hire _____ Pay _____

7. Is there a salary range for this job?

Yes _____ No _____

- 7a. How many shifts are there? _____

- 7b. Does the pay rate differ for each shift?

Yes _____ No _____

If yes, please indicate the rate for each shift.

8. Some of the persons you have named may have slightly different duties than you do. Please tell us what those duties are for each person and exactly how they differ from yours.

9. List the relevant experience/education of the persons listed in question 6, if you have knowledge of it.

10. Were you given any written tests as part of determining your pay level?

Yes _____ No _____

11. Were you given any oral tests as part of determining your pay level?

Yes _____ No _____

If yes, please describe, if you can, the kinds of questions this test contained.

- 11a. Were you given any physical tests as part of determining your pay level?

Yes _____ No _____

If yes, please describe tasks you were asked to perform.

12. Are there any other factors or considerations, (for example: annual and merit increases, job seniority, etc.), that are considered in determining the pay scale of your job or the jobs of others in your company. Please explain.

13. Concerning your present job, have you ever received an award, special compliment, oral or written commendation for your performance? If so, please explain.

14. Specify what reprimands, warnings, probations or disciplines you received while on your present job. If such actions were in writing, please attach copies.

15. Is there a union contract or document which tells how much employees are to be paid?

Yes, _____ No _____

If so, please submit a copy of this union contract or document, if you have it.

16. Did you talk to any company officials (including your supervisor) or any union officials (including your supervisor) or any union officials (including your shop steward or committee person) about your receiving lower pay for equal work?

Yes _____ No _____

If you did, please list the name and title of each person you talked to, when you talked to him/her and what you and the person said to each other. **BE SURE TO STATE THE REASONS YOU WERE GIVEN EXPLAINING YOUR LOWER RATE OF PAY.**

Name _____ Title _____

What was said? _____

Name _____ Title _____

What was said? _____

17. Are you a union member?

Yes _____ No _____

If yes, what is the name of your union?

Address _____

Telephone Number () _____ Business Agent _____

18. Did you file a grievance regarding the above problem?

Yes _____ No _____

If so, attach a copy of the grievance. Explain what step your grievance is now in. Give both step number and letter, and the name and title of the union official dealing with your grievance.

19. Are you a civil service employee?

Yes _____ No _____

20. Did you file a civil service complaint regarding the above problem?

Yes _____ No _____

21. What is/was the status of your civil service complaint, if applicable?

22. Have you filed a complaint about this matter with any other commission or agency?

Yes _____ No _____

If so, please specify the commission or agency and the date you filed, to the best of your recollection.

Commission or Agency _____

Date Complaint Filed _____

Docket Number, if known _____

23. Have you taken any court action regarding this matter?

Yes _____ No _____

If so, please specify in what court and the date you filed, to the best of your recollection.

Name of Court _____

Date Action Filed _____

City _____ County _____

If there are other facts you feel should be considered, record these on the last page of the questionnaire (**Continuation Page**)

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

Signature Date

Address

City, State and Zip Code

() _____
Telephone Number

CONTINUATION PAGE

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

[illegible]

